

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	3/30/01
FORMALITY REVIEW	H.S	866	04-17-01

cut - 571

10/09/01

INDEX OF CLAIMS

- | | | | |
|---|----------------------------|---|--------------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

Claim	Final	Original	Date
1	0	0	
2	0	0	
3	0	0	
4	0	0	
5	0	0	
6	0	0	
7	0	0	
8	0	0	
9	0	0	
10	0	0	
11	0	0	
12	0	0	
13	0	0	
14	0	0	
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41	0	0	
42	0	0	
43	0	0	
44	0	0	
45	0	0	
46	0	0	
47	0	0	
48	0	0	
49	0	0	
50	0	0	

Claim	Final	Original	Date
51	0	0	
52	0	0	
53	0	0	
54	0	0	
55	0	0	
56	0	0	
57	0	0	
58	0	0	
59	0	0	
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61	0	0	
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93	0	0	
94	0	0	
95	0	0	
96	0	0	
97	0	0	
98	0	0	
99	0	0	
100	0	0	

Claim	Final	Original	Date
110	0	0	
112	0	0	
113	0	0	
114	0	0	
115	0	0	
116	0	0	
117	0	0	
118	0	0	
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143	0	0	
144	0	0	
145	0	0	
146	0	0	
147	0	0	
148	0	0	
149	0	0	
150	0	0	

If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy

10/18/01
04-17-01